

## **Proposed Dental Quality Measures for the Healthy Families Program 2008-2009 Dental Contract**

The Managed Risk Medical Insurance Board (MRMIB) monitors the quality of the dental services provided to Healthy Families Program (HFP) members by collecting information from dental plans related to access, preventive services, and treatment. Measures used to assess HFP dental quality are evaluated periodically to ensure they reflect current standards in the dental industry. Industry representatives, dentists and health plans work cooperatively with MRMIB staff to update the measures. Reports for 2002 and 2004 are located on the MRMIB website:

[http://www.mrmib.ca.gov/MRMIB/Dental\\_plan\\_rpts.html](http://www.mrmib.ca.gov/MRMIB/Dental_plan_rpts.html).

### **BACKGROUND**

MRMIB staff presented the Dental Plan Quality Measurement Report for Services Provided in 2004 at the July 19, 2006 Board meeting. The measures included in the 2004 report were developed by the HFP Quality Improvement Work Group (four measures) and the Department of Healthcare Services (one measure) and by the National Committee for Quality Assurance (one HEDIS<sup>®</sup> measure). The report contained the following descriptions of the six measures used to evaluate the quality of dental services:

- Annual Dental Visit (HEDIS<sup>®</sup> Measure) – This measure calculates the percentage of enrolled members, ages 4 through 18, who were continuously enrolled during the measurement year and who had at least one dental visit during the measurement year.
- 120 Day Dental Health Assessment<sup>1</sup> – The percentage of children who enrolled during the reporting year and had an initial dental visit within their first 120 days of enrollment.
- Dental Sealant – The percentage of all children between the ages of 6 and 19 who were continuously enrolled during the reporting period and received at least a single sealant treatment from a dentist.
- Initial Dental Visit Periodic Dental Visit – The percentage of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period and had an initial examination by a dentist.
- Periodic Dental Visit – The percentage of all children between the ages of 4 and 19 who were continuously enrolled during the reporting period and had a periodic examination by a dentist.

<sup>1</sup>MRMIB has already discontinued use of the 120 Day Initial Health Assessment measure as one of the health plan quality indicators because it was not truly capturing the information it was intended to and there were no national benchmarks that could be used to evaluate plans' performance. The dental version of the measure has the same problem and will be discontinued by MRMIB.

- Prophylaxis (Preventive Care) – The percentage of all children between the ages of 4 and 19, who were continuously enrolled during the reporting period and who received prophylaxis from a dentist.

The 2004 report identified low percentages of HFP subscribers receiving a number of dental services, including an initial dental visit, periodic dental visits, prophylaxis (preventive care), and dental sealants.

### **DENTAL QUALITY ADVISORY COMMITTEE**

Board members commented on the report. Virginia Gotlieb expressed concern about the low scores. She suggested it might be more useful to measure initial dental visits in relation to new enrollees. Dr. Areta Crowell expressed surprise at the low utilization of dental services, noting that the Board had expected it to be a very valued benefit. She commented that in the HFP's early years, dental plans had been concerned about very high utilization. Chairman Cliff Allenby noted that having only one dental plan in the past limited enrollment. Ms. Gotlieb asked if staff were concerned about adequate access to dentists.

Vallita Lewis, then the Deputy Director of the Benefits and Quality Monitoring Division suggested that staff convene a dental Advisory Committee to assist in identifying appropriate measures for dental services and develop strategies to improve utilization.

In light of the report findings, the Board established a dental advisory committee to assess whether or not the current dental measures provide the information needed to determine if HFP subscribers are receiving appropriate dental services.

MRMIB convened the first meeting of the newly formed Dental Advisory Committee in March 2007 to make recommendations on which dental measures should be included in 2008. The Committee met monthly through August. It was comprised of dentists with extensive experience in dental quality measures, currently practicing dentists, the dental directors of each HFP dental plan, and MRMIB staff. During their review of the existing measures, the Committee realized that the data collected for the 2004 report did not convey meaningful information. For example, the number of sealants provided was an inadequate measure if it didn't relate to the number of sealants actually needed. Also, no measure addressed information about caries, the most prevalent childhood disease.

### **PROPOSED DENTAL QUALITY MEASURES FOR 2008**

Committee members suggested thirteen new dental quality measures. Staff recommends the adoption of eight measures for 2008. Staff felt it important to focus the measures on those that most committee members supported, and on measures that focused on prevention and treatment of caries. Staff also is interested in evaluating plan performance over time, therefore two measures, overall utilization and continuity of care, focus on children who have been continuously enrolled in the same plan for a year or longer. The proposed measures are attached, (Attachment A). The following recommendations are based on the input from Committee members who attended the monthly meetings and MRMIB staff analysis.

1. The *HEDIS Annual Dental Visit* measure continues to be recommended because it is the only dental measure NCQA HEDIS® uses for nationwide comparison, and allows MRMIB to compare dental plan performance over time with other States and other dental product lines.
2. *Overall Utilization of Dental Services* is recommended because it will allow analysis of children's use of dental services and the types of services they receive when they are enrolled in a single plan over several years.
3. *Preventive Dental Services* is recommended because it specifically addresses information related to preventive care. Use of preventive services may be correlated with restorative treatment to evaluate plan performance.
4. *Use of Dental Treatment Services (excluding diagnostic and preventive services)* allows overall comparison between preventive care and restorative treatments.
5. *Examinations/Oral Health Evaluations* is recommended because the specific Current Dental Terminology (CDT) codes included in the measure capture some care that is outside of preventive and restorative care categories and focuses on very young children and parent education.
6. *Treatment/Prevention of Caries* is recommended because it captures information about members who received a treatment for caries or a caries-preventive procedure, in other words any caries treatment, including but not limited to fillings. This measure is useful for program analysis
7. *Filling to Preventive Services Ratio* focuses on children who already have been identified as having caries, and whether these children are receiving treatment to prevent future caries.
8. *Continuity of Care* shows whether children are receiving preventive care from one year to the next.

#### **RECOMMENDATION**

Staff recommends the Board adopt the proposed measures for inclusion in the 2008-2009 HFP dental plan contracts.

## ATTACHMENT A

### 1) **HEDIS® Measure – Annual Dental Visit**

The percentage of enrolled members 2-18 years of age who had at least one dental visit during the measurement year. Members who have had no more than one gap in enrollment of up to 45 days during the measurement year should be included in this measure.

Ages 2-18 years as of December 31 of the measurement year. The measure is reported for each of the following age stratifications and as a combined rate.

- 2-3 years
- 4-6 years
- 7-10 years
- 11-14 years
- 15-18 years
- Total

**Note:** Visits for many 1 year olds will be counted because the specification includes children whose second birthday occurs any time during the measurement year.

**Numerator:** One or more dental visits with a dental practitioner during the measurement year. A member had a dental visit if a submitted claim/encounter contains any of the codes in Table ADV-A.

**Denominator:** The eligible population for each age group and the combined total.

### 2) **Overall Utilization of Dental Services**

Percentage of members continuously enrolled in the same plan for 1, 2, and 3 years who received any dental service, including preventive services, over those periods.

**Numerator (1):** Number of members continuously enrolled in the same plan for 1 year who received any dental service (D0100-D9999), including preventive services, during that year.

**Denominator (1):** Number of members continuously enrolled in the same plan for 1 year.

**Numerator (2):** Number of members continuously enrolled in the same plan for 2 years who received any dental service (D0100-D9999), including preventive services, during those two years.

**Denominator (2):** Number of members continuously enrolled in the same plan for 2 years.

**Numerator (3):** Number of members continuously enrolled in the same plan for 3 years who received any dental service (D0100-D9999), including preventive services, during those three years.

**Denominator (3):** Number of members continuously enrolled in the same plan for 3 years.

For children enrolled for multiple years, calculation is based on the longest period the child was enrolled in the plan. Each child is counted only once for the longest period they have been enrolled.

### **3) Preventive Dental Services**

Percentage of members enrolled for at least 11 of the past 12 months who received any preventive dental service in the past year.

**Numerator:** Number of members enrolled for at least 11 of the past 12 months who received any preventive dental service (D1000-D1999) in the past year.

**Denominator:** Number of members enrolled for at least 11 of the past 12 months.

### **4) Use of Dental Treatment Services (Excludes diagnostic and preventive services)**

Percentage of members enrolled for at least 11 of the past 12 months who received any dental treatment, other than diagnostic or preventive services, in the past year.

**Numerator:** Number of members enrolled for at least 11 of the past 12 months who received any dental treatment (D2000-D9999) in the past year.

**Denominator:** Number of members enrolled for at least 11 of the past 12 months.

### **5) Examinations/Oral Health Evaluations**

Percentage of members enrolled for at least 11 of the past 12 months who received a comprehensive or periodic oral evaluation or, for members under three years of age, those who received an oral evaluation and counseling with the primary caregiver in the past year.

**Numerator:** Number of members enrolled for at least 11 of the past 12 months who received a comprehensive or periodic exam (D0120 or D0150) or, for members under three years of age, who received an oral evaluation and counseling with the primary caregiver (D0145) in the past year.

**Denominator:** Number of members enrolled for at least 11 of the past 12 months.

**6) *Treatment/Prevention of Caries***

Percentage of members who received a treatment for caries or a caries-preventive procedure.

**Numerator:** Number of members enrolled for at least 11 of the past 12 months who received a treatment for caries (D2000-D2999) or a caries-preventive procedure (D1203, D1206, D1310, D1330, D1351).

**Denominator:** Number of members enrolled for at least 11 of the past 12 months.

**7) *Filling to Preventive Service Ratio***

Percentage of members enrolled for at least 11 of the past 12 months, with 1 or more fillings in the past year and who received a topical fluoride or sealant applications.

**Numerator:** Number of members enrolled for at least 11 of the past 12 months with 1 or more fillings (D2000-D2999) who received a topical fluoride (D1203 or D1204 or D1206) or sealant application (D1351).

**Denominator:** Number of members enrolled for at least 11 of the past 12 months with one or more fillings.

**8) *Continuity of Care***

Percentage of members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive oral evaluation or a prophylaxis in the year prior to the measurement year who also received a comprehensive or periodic oral evaluation or a prophylaxis in the measurement year.

**Numerator:** Number of members in the denominator who also received a comprehensive or periodic oral evaluation (D0120, D0150) or a prophylaxis (D1110, D1120) in the measurement year.

**Denominator:** Number of members continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive oral evaluation (D0150) or a prophylaxis (D1110, D1120) in the year prior to the measurement year.

## **Addendum to Dental Quality Measures Report**

### **Dental Quality Measures Not Recommended By the Dental Quality Committee**

Staff is cognizant of resources required to collect and report information for the Healthy Families Program (HFP). The importance of selecting measures and collecting data that answer meaningful questions was discussed at the first Dental Quality Committee meeting in March and at subsequent meetings. Staff is recommending that not all of the 13 proposed measures be adopted. The following five measures were considered but are not recommended:

1. ***Dental Sealant Ratio*** – Ratio of occlusal surfaces of permanent molars receiving dental sealant to those receiving restoration among members enrolled for at least 11 of the past 12 months.

Two Committee members supported the inclusion of this measure; two were opposed; others were undecided.

The two principal reasons for rejecting this measure were:

- Other proposed measures were deemed better at capturing information related to preventive care.
- Sealant application is not always the most appropriate treatment; therefore a high or low number of sealants is not necessarily an indicator of high or low quality of care. For example, applying a sealant would not be the appropriate treatment if a tooth surface already has extensive decay, or a filling or a crown. Two measures related to prevention of caries are being recommended for adoption rather than this measure.

2. ***Extraction Rate*** – Percentage of members continuously enrolled for the past two years prior to the reporting year who received an extraction of one or more permanent teeth during the reporting year (excluding 3<sup>rd</sup> molars or premolars extracted for orthodontic reasons).

There was strong disagreement about adopting this measure. There are cases where an extraction is warranted and is the most appropriate treatment. Plans stated that doing chart reviews is the only way to determine whether an extraction was appropriate. A high percentage of extractions alone does not clearly indicate poor quality of care.

3. ***Endodontic Treatment to Extraction Rate*** – Ratio of number of teeth receiving root canal treatment to number of teeth extracted.

There was strong disagreement about adopting this measure. Similar to the extraction rate measure, without a chart review to determine appropriateness, it would be difficult to evaluate whether the treatment was proper given the circumstances.

4. **120-Day Dental Assessment** – Percentage of members ages 1-18, continually enrolled at least four months who had an initial dental visit within the first four months of their enrollment.

There was both strong support and opposition to this measure. Some Committee members objected to using the “four month” time period. Suggestions to use six or eight months were offered as alternatives. It was argued that the 120-day initial dental visit was too restrictive, noting it could reflect access issues where no problem actually existed. Plans noted that they encourage members to make an appointment and to access care, but many members delay in visiting their dental provider and to some extent this is member behavior that is beyond the control of the plan. In addition, some children may have received a dental exam through other venues such as a mobile van or a health fair which would not show up in the plan’s records. Parents may not necessarily seek a dental visit for their child if the child received an exam at one of these venues.

Seven of the eight adopted measures were written in terms of a one-year opportunity for the visit. It seemed reasonable that if there were no serious problems, a visit within one year of enrollment could be acceptable. There was discussion to the effect that if these other measures indicated low utilization after collecting the data, this measure could be reintroduced as a reporting requirement for dental plans.

5. **Member Satisfaction** – Members’ satisfaction with their dentists, dental plan, dental care, and office staff as measured through the Dental CAHPS®

MRMIB recognizes the value of these data for quality monitoring and captures this information by an alternate means. This measure was rejected because MRMIB already captures these data by contracting with an outside vendor to administer the Dental CAHPS® survey to measure and study HFP member satisfaction as it relates to dental care. It is the intent of staff to include the results from the D-CAHPS survey in the quality of dental care report staff will prepare for the Board.

Staff recommends these five measures be excluded from the proposed HFP dental contract.